

Surveyor **Kalvin**

REF:

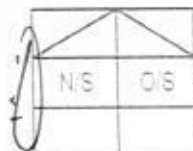
NS/INC17023518 / Kthb2

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To inspect Vehicle No: _____
 at Workshop no: _____
 of: _____
 Insured: **SKR 4692B**
 Policy No: **5087310553** **05012017 - 10042018**
 Claims No: **MT/0472888-02**
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
 repair at the time of inspection.



Est. or Market Value: _____
 IDAC Accident Report: _____ Consistent?: Yes or No
 GIA / PR Seen: _____ Consistent?: Yes or No
 Est. Repairs: **3** days Res.: Yes or No
 Lump Sum: _____ % 3-Val.: Yes or No
 CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: **SHA 778 64** Regn: **21 May 2015**
 Type: M/Car / M/Cycle / Bus / Van / Lorry / T/O / Prime Mover /
 Truck / Trailer or
 Make: **Hyundai I40** cc: **1685**
 Colour: **Blue** A/C: **Ins G** Std / NI / NA
 Sp. Reading: **339664** T. Radio: **Ins D** Std / NI / NA
 Eng No: _____
 C.No: **KMHCBX14MF406952**
 Gen. Cond: Good / **P** / Poor / Burnt
 Steering: Inord / **G** / Jammed / Leaked / Burnt or
 Brake: Inord / **G** / Jammed / Leaked / Burnt or
 Modl: Nil / S/Rim / STD **G** / Rim or
 Tyre Size: F: **205/60R16**
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or **Harbin**
 Front: _____ Rear: _____
 R/Bal: **7** mm R/Bal: **7** mm
 L/Bal: **7** mm L/Bal: **7** mm
 D.O.A: **7/12/17** D.O.I: **11/12/17**
 Survey held at: **(P4E (2mg))**
 Des. of Damages: Fnt / Rear / O/S / N/S / U/C / Rooftop or
✓ / S R L
 The U/C / Chassis frame / Body Structure affected due to collision.

Date/Time Action/Instruction

SHA 77864 - C13/FC16011624 / Kthb21

Out: 20062016 **21/12**

SKR 4692B - NBA/INC17023518 / Y

Out: 30112017 **4/5**

21/12/17 Confirmed **4/5 \$1950 / 3 Pys. (Red & 2011.64, 54%)**

RECEIVED 25 DEC 2017

Date/Time File Pass to?

☐

Preli. Report

Days Of Repair: **3**26/12/17 **hym**
☐

Final Report

Resurvey No. of Trip: **1**

Survey Fee

Date/Time File Return to?

Transportation

3

Add Fee:

☐

Site Insp

\$

☐

Interview

\$

☐

Tech. Insp

\$

☐

Witness

\$

\$ - \$0.00

Fuels

Other

Report Format:

TPLump Sum / 12/17: **1950**

160

35

195



National Assessment Centre Services

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6841 0055 FAX: 6841 6315

Reg. No: 52983356E GST Reg. No. 20-0405911-H



NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC17023518/K1qb				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 11-12-2017	
Code: INC4				
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SKR 4692B	Veh. Inspected	SHA 7786U	
Policy No.	5087310553	Coverage (\$)	0.00	
Claim No.		Excess (\$)	0.00	
Assign From		Assign Date	11/12/2017	
2. Vehicle Particulars & Condition				
Make & Model		c.c	0	
Engine No.	HIDDEN	Year of Reg.		
Chassis No.		Colour		
Odometer	-	Steering		
Brakes		Modification		
General				
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre			mm	
L/H Front Tyre			mm	
R/H Rear Tyre			mm	
L/H Rear Tyre			mm	
4. Description of Damages				
5. General Information				
Accident Date	07/12/2017	Inspection Date	11/12/2017	
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969			
5a. Remarks				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				

Survey Department Check List (Case Handler)

Reference No.: NS/INC17073518/K196
Policy Type: OD (TP) / TP RES / TL / EVA

SHA 72864

Case Handler

Typist

Admin (Cath): Case handler to make sure all information created by the assignment team are ACCURATE.

(1) Office Assign Form

- C Reference No.
- C Customer Code
- N Assign From
- C Assign Date
- C Veh No (Inspected)
- C Veh No (Insured)
- C D.O.A
- C Policy No
- C Claim No
- C Insurance Authorisation (CA /REV/REP)
- C Report Type
- C Weekend Charges
- N Survey held at/Repairer
- C Excess

Y-Date	N-Date	Y-Date	N-Date
✓			
✓			
✓			
✓			
✓			
✓			
✓			

Surveyor (Calvin): Case handler to make sure the surveyor completed all required information.

(1) Assignment Form

- C Vehicle No
- C Regn Month/Year
- N Vehicle Type
- N Make & Model
- C Engine Capacity. (C.C)
- N Colour
- C Odometer. (Sp.Reading)
- C Chassis No
- N General Condition
- N Steering
- N Brake
- N Modification (Modi)
- C Tyre Size
- N Tyre Make
- C Tyre Balance
- C Date of Inspection
- N Survey held
- N Des.of Damages

✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			

(2) System - (Views/Merimen)

- C Damaged Vehicle Photographs Uploaded

✓			
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(3) Workshop Estimate/Assignment Form

- N ALL Parts condition
- C Market Value for OD cases
- C Estimate Repair Cost for PRI (RSI, TMI, MSIG)
- C Days of repair
- C Finalised Amount
- C Re-inspection Cases to Finalize within 5 Days

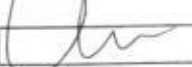
✓			
✓			
✓			

(4) System - (Views/Merimen)

- C Resurvey photo Uploaded

✓			
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Check By:

 26/12/17
Case Handler Date

TP Claims against NTUC Income: Follow-Through Survey

Date: 26/12/2017

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of
1	MT/0972761-002	CITYCAB PTE LTD	SHC 7093A	SU 9582H	
2	MT/0974282-002	COMFORT TRANSPORTATION	SH 7849E	SJB 4580L	
3	MT/0974257-002	COMFORT TRANSPORTATION	SHC 1218Y	SHB 8791S	
4	MT/0974171-002	COMFORT TRANSPORTATION	SH 8013T	PC 5891G	
5	MT/0975063-001	COMFORT TRANSPORTATION	SHA 4023H	SJJ 457	
6	MT/0974335-002	CITYCAB PTE LTD	SHB 3721C	SJ	
7	MT/0974427-002	COMFORT TRANSPORTATION	SHC 3831M		
8	MT/0974118-002	COMFORT TRANSPORTATION	SHC 2390A		
9	MT/0972888-002	COMFORT TRANSPORTATION	SHA 7786U		
10	MT/0972695-002	COMFORT TRANSPORTATION	SHC 1987		

Claim received from LKK

26/12/17

0.0
150.7+
619.7+
769.7*
769.7x
80.0%
615.76*
0.0
80.0+
75.0+
155.0*
0.0
400.0+
1,260.0+
20.0+
1,680.0*
0.0
615.76+
155.0+
1,680.0+
2,450.76*
2,450.76x
80.0%
1,960.608*

0.0

80.0+
75.0+
155.0*

0.0

400.0+
1,260.0+
20.0+
1,680.0*

0.0

615.76+
155.0+
1,680.0+
2,450.76*
2,450.76x
80.0%
1,960.608*

3.62

\$

\$

\$

\$

\$

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eBaoTech

General Claim

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No. Date of Accident 07/12/2017 18:28
Vehicle No.(For Motor) SKR4692B

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="checkbox"/>	5087310553	MOHD HAZRAN B MD HAZLI	S8933050E	GPC	drivo CLASSIC	SKR4692B	SKR4692B	05/01/2017	10/04/2018

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	08/12/2017 13:48
Date Of Accident	07/12/2017 20:45
Exact Location Of Accident	SERANGOON AVE 4 OPEN AIR CAR PARK NEAR BLK 221
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA7786U
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	HYUNDAI
Model	I40
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	TAXI

Insurance Company

Name of Insurance Company	FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-1572701MFSH
Cover Note Number	

Driver

Name of Driver	ONG BENG KIAT
NRIC No	S1349328F
Date Of Birth	28/07/1959
Occupation	OUTDOOR
Date Of Driving Pass	26/07/1978
Driving Experience	39 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 269C COMPASSVALE LINK #16-93
Postcode	543269
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TAXI DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHANGI NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 9 SIMEI STREET 2 , POSTCODE: 529914 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5872999 - FAX NO: 65872900
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER POLICE REPORT NO: T/20171208/2042 * TYPE OF ACCIDENT :- HEAD TO SIDE

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKR4692B
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Name of Driver	MOHAMMAD HAZRAN BIN MOHD
NRIC/Passport Number	S8933050E
Contact Number	98599838
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT
No. Of Passenger (Including Driver)	
Details of Witness	

Name

Phone Number

Email Address

DETAILS OF INJURED PERSON 1

Name

ONG BENG KIAT

Approximate Age

Injuries Sustain

BACK, NECK AND LEFT THUMB

Injured person in which vehicle?

SHA7786U

Were seat belts worn?

YES

Was injured conveyed to hospital by ambulance?

NO

Address

BLK 269C COMPASSVALE LINK
#16-93

Postcode

543269

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by Insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all Insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:

Driver's Signature
(if driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

COMFORT TRANSPORTATION PTE LTD

SKETCH PLAN

(A) SDA 7786 V
(B) SKK 4692 B
Sketch
by Driver

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police
Report. 1/20171208/2042.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

COMFORT TRANSPORTATION PTE. LTD.
CO. REG. NO. 1992029211

Policyholder's Signature
Date & Time:

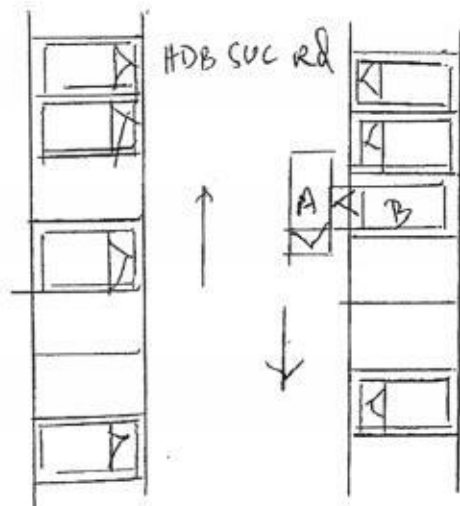
Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

N. Mani 8/Dec



Serangoon Ave 4
Open Air Car park.



221
BIK

A - SHA-7786-U
B - SKR-4692-B

Sketch Plan Pg. 4



**SINGAPORE
POLICE FORCE**



T/20171208/2042

1 of 3

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

Report No. T/20171208/2042

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/12/2017 11:19		Vide Report No.:		Station Diary No.: 16	
Informant's Particulars					
Name of Informant: ONG BENG KIAT			Address: APT BLK 269C COMPASSVALE LINK #16-93 SINGAPORE 543269		
ID Type / ID No.: NRIC NO / S1349328F			Contact No.: Home/Office: Mobile: 98469391		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 58	Date of Birth: 28/07/1959	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/12/2017 20:45	Type of Location: Car Park
Location: Along Road 1 SERANGOON AVENUE 4 at the car park of 221 Serangoon Ave 4, car park lot near to the cover walkway.				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA7786U	TAXI	HYUNDAI	I40 1.7L CRDI AT ABS AIRBAG 4DR		Slightly Damaged	1
SKR4692B	Car	HONDA	CIVIC 1.8L A		Slightly Damaged	0



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999



T/20171208/2042

2 of 3

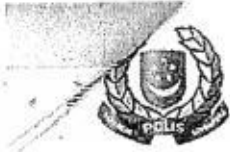
Report No. T/20171208/2042

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver:			
Name	ONG BENG KIAT	ID No.	S1349328F
Related Vehicle	SHA7786U (TAXI)	Contact No.	98469391
Hospital/Clinic	Y M CHAN CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	08/12/2017	Date Discharge	08/12/2017
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

ON 07/12/2017 AT ABOUT 2045HRS, INFRONT OF BLK 221, SERANGOON AVE 4, WHILST I WAS ABOUT TO DROP OFF MY PASSENGER AND MY M/TAXI SHA7786U WAS APPROACHING THE SHELTER WHEN SUDDENLY A M/CAR SKR4692B CAME OUT FROM THE CAR PARK LOT AND COLLIDED ONTO MY LEFT SIDE OF MY TAXI. THE SAID M/CAR WAS EARLIER PARKED. AFTER THE COLLISION, THE SAID DRIVER INFORMED THAT HE DID NOT SEES MY M/TAXI AS THERE'S A M/VAN BLOCKING HIS VIEW ON HIS RIGHT. DURING THE COLLISION, I HAVE A LADY PASSENGER WITH ME. SHE WAS NOT INJURED. AFTER THE COLLISION, I FELT PAIN AT MY BACK. I HAD SEEK MEDICAL TREATMENT FROM Y M CHANG CLINIC AND SURGERY ON 08/12/2017 AND WAS GIVEN MEDICAL LEAVE FROM 08/12/2017 TILL 10/12/2017. DAMAGE ON MY TAXI LEFT SIDE PORTION DENTED. THE SAID M/CAR FRONT BUMPER DENTED AND REGISTRATION PLATE DISLODGED. THE SAID DRIVER WAS NOT INJURED. I HAVE PHOTOS OF MY TAXI DAMAGES.



**SINGAPORE
POLICE FORCE**



T/20171208/2042

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

3 of 3

Report No. T/20171208/2042

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
G /
SI MOHAMAD NASRUN BIN ABDUL RASIAH

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SSI KASMAWATI BTE SAMIAN
Contact No: 65476179

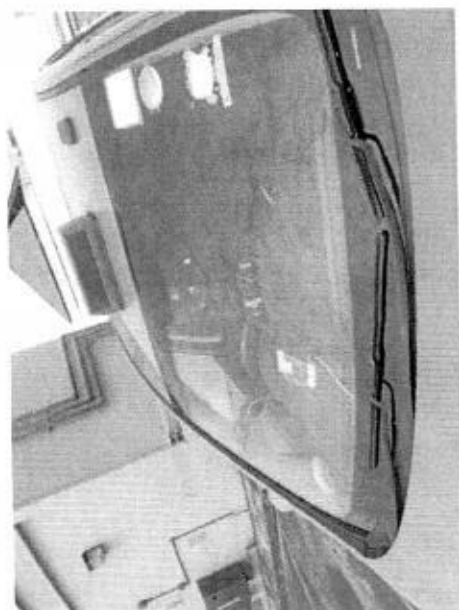
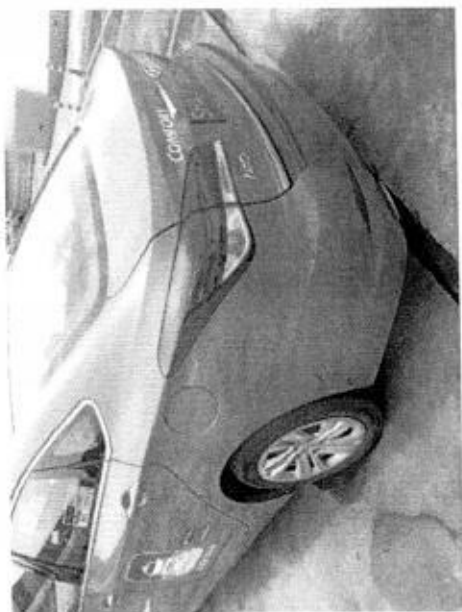
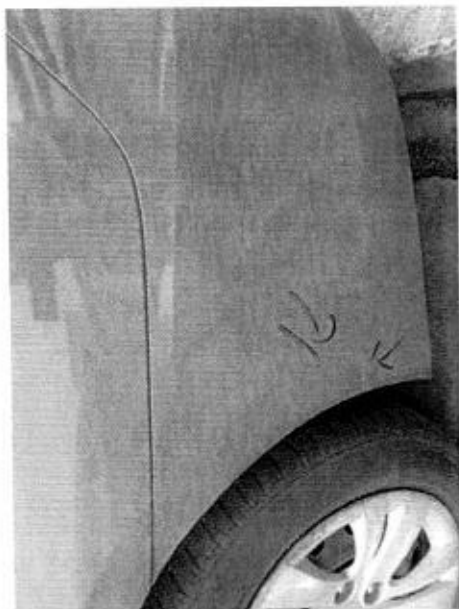
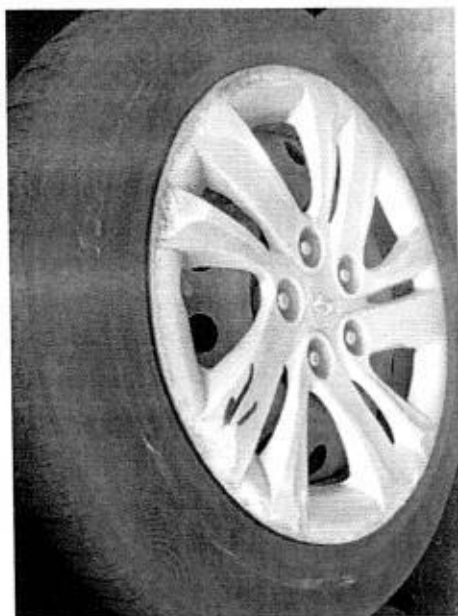
Authentication Stamp
NP168
Singapore Police Force

Signature Of Informant:

BK ay

Date/Time:
08/12/2017 11:19

Classification Of Case:



Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order: JC NO.305096081

CUSTOMER
VMS COMFORT TRANSPORTATION PTE LTD
CUSTOMER NO 7010045
ADDRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755
L (R) (O)
(P)

SCOUT CARD NO.

REGN NO: SHA7786U	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 08.12.2017 00:18
YR OF MANU. 21.05.2015	TARGET DATE
CHASSIS CODE KMHLB41UMFU069155	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 07.12.2017
NATURE: 3P 07.12.2017

S/NO LABOR CODE DESCRIPTION

CHECKED & PASSED OUT BY:

SERVICE ADVISOR CUSTOMER'S SIGNATURE

Acknowledgement Slip		Exit Pass	
Vehicle No.: SHA7786U	CHIANG @	Vehicle No.: SHA7786U	
Name of Service Advisor	Signature/Date	Name of Service Advisor	Date
To be returned to Service Reception upon collection		To be kept by Security Guard	

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE*

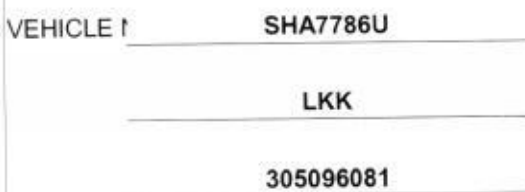
VEHICLE NO : SHA 7786U

DATE 8/12/2017 16:56

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Door (LH) <i>x repair</i>			\$ 1,351.10
	Rear Wheel Hup-Cap (LH) <i>—</i>			\$ 150.70
	<i>Front (LH) Fender —</i>			\$ 619
	SUB TOTAL			\$ 1,501.80
	<i>Front Bumper x repair</i>			LESS 20%
	<i>Front (LH) Door x repair</i>			DISCOUNTED TOTAL
	<i>(LH) Bumper Panel finish x repair</i>			\$ 1,201.44
	<i>(LH) Rear Fender x repair</i>			
	<i>Rear Bumper x repair</i>			
	Rear Bumper Rubber Mat <i>x</i>			\$ 50.00 Nett
	Rear Door Comfortdelgro & Apps Sticker (LH) <i>—</i>			\$ 80.00 Nett
	Front Door Coloured Comfort Logo (LH) <i>—</i>			\$ 75.00 Nett
				\$ 205.00
	Labour Charge			
	Panel Beating		<i>500</i>	\$ 350.00 <i>400</i>
	Spray Painting Charge		<i>1500</i>	\$ 1,000.00 <i>1260</i>
	Wiring Charge			\$ 50.00 <i>x 1</i>
	Tuff Kote			\$ 50.00 <i>20</i>
	Rear Wheel Alignment			\$ 120.00 <i>x 2</i>
	Transfer of Door			\$ 120.00 <i>x 1</i>
	TOTAL LABOUR			\$ 1,690.00
	ESTIMATE TOTAL			\$ 3,096.44
<p><i>Kalvin LKK</i> <i>11/12/17</i> <i>3 Days</i> <i>43 After Repair plz</i></p>				<p>LKK Auto C the Repair • To reserve • To display • Parts prices are subject to confirmation • The survey is on a "Without Prejudice" basis • No illegal modifications are allowed • Supplementary repairs must be resurveyed and is subject to final approval from Insurance Company</p> <p>Acknowledged by Repairer Signature: Date:</p>
<p>This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.</p>				



DATE : 07/12/17

[illegible]

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508969
Fax: 6546 8156

Our Job Ref No : 305096081
Date : 21/12/17

FINALIZATION FORM

To : LKK
Attn : KALVIN
Vehicle Reg No : SHA7786U
Fax :
07/12/17

The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-

- The repair job shall bill to: NTUC SGG9672G
- The finalized amount shall be:
 - Spare Parts after List discount
 - Labour Charges
 - Total for Part-By-Part Repair Cost
 - Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: 20%
Final Lumpsum Repair cost \$1,950.00
- Estimated normal period for repairs: 3 working days.
- We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days
- Thank you for your assistance.

We confirm the estimates and
finalized amount

Signature :
Name : CHIANG
Tel : 62148314
Fax : 65468156

Signature :
Name : Kalvin
Date : 21/12/17

For Official Use Only

Item	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks
1. Rental Rate P/Day		YES		
2. Loss of Income Paid		N		
3. Survey Fees				
4. LTA Search Fee				
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:



National Assessment Centre Services


51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6841 0055 FAX: 6841 6315

Reg. No: 52983356E GST Reg. No. 20-0405911-H



Thatcham escribe

NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC17023518/K1qbn2			
73 BRAS BASAH ROAD		Date: 04-01-2018	
#05-01 NTUC TRADE UNION HOUSESINGAPORE			
189556		Code: INC4	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SKR 4692B	Veh. Inspected	SHA 7786U
Policy No.	5087310553	Coverage (\$)	0.00
Claim No.	MT/0972888-002	Excess (\$)	0.00
Assign From		Assign Date	11/12/2017
2. Vehicle Particulars & Condition			
Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMFU069155	Colour	BLUE
Odometer	339664	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	205/60 R16	HANKOOK	7 mm
L/H Front Tyre	205/60 R16	HANKOOK	7 mm
R/H Rear Tyre	205/60 R16	HANKOOK	7 mm
L/H Rear Tyre	205/60 R16	HANKOOK	7 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE N/S BODY.			
DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	07/12/2017	Inspection Date	11/12/2017
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		
5a. Remarks			
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS.			
B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			
5b. Estimate Days of Repair			
ESTIMATED NORMAL PERIOD FOR REPAIR:		3 Working Days	

**National Assessment Centre Services**

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6841 0055 FAX: 6841 6315

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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 7786U

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR DOOR (LH)	TO REPAIR	1,351.10	-
1	REAR WHEEL HUP-CAP (LH)	GRAZED	150.70	150.70
1	FRONT (LH) FENDER	DENTED	619.00	619.00
1	FRONT BUMPER (NPA)	TO REPAIR	-	-
1	FRONT (LH) DOOR (NPA)	TO REPAIR	-	-
1	(LH) ROCKER PANEL GARNISH (NPA)	TO REPAIR	-	-
1	(LH) REAR FENDER (NPA)	TO REPAIR	-	-
1	REAR BUMPER (NPA)	TO REPAIR	-	-
	LESS 20% DISCOUNT		-424.16	-153.94
			1,696.64	615.76
SPECIAL NETT ITEMS				
1	REAR BUMPER RUBBER MAT (SN)	NOT NECESSARY	50.00	-
1	REAR DOOR COMFORTDELGRO & APPS STICKER (LH) (SN)	NECESSARY	80.00	80.00
1	FRONT DOOR COLOURED COMFORT LOGO (LH)(SN)	NECESSARY	75.00	75.00
			205.00	155.00
LABOUR				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		790.00	400.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		1,550.00	1,280.00
			2,340.00	1,680.00
GRAND TOTAL			4,241.64	2,450.76
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				1,950.00

Report Ref No. NS/INC17023518/K1qbn2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

K.K.LAU CPT(RET)BEng(Hons), B.Bus, MBA, PEng, PE,
MinstAEA, MASME, MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

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